Department of Transportation U. S. Coast Guard CG HRSIC-7221 (Rev. Aug-1999)		Retired Allotment Authorization Form																	
SSN	Name (Last, First, MI)								Rank/Rate										
PURPOSE: Use this form to start, stop, or change an allotment and to report a change of address to an allotment																			
Purpose of request:																			
Start Allotment Stop Change Change of Allotment Savings Bond Request (See Reverse)																			
Blanket Code (If known): Start Amount: Month of First Deduction:		Stop Amount: Month of Last Deduction:									(Applies to Stops & Changes) Enter allotment # from LES:								
ALLOTMENT TYPE Enter type of allotment from table on reverse of this form:																			
ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION																			
Complete if allotment is to be paid by EFT																			
Type of Account	Savings Checking																		
Allotee Name	1		1					-						ı	ı		-		
(person/company who will receive allotment)																			
																	7		
Routing Transit Number (RTN)										Cł	neck	Digit	Į.						
(can be obtained from the financial institution or found on the bottom of a check or deposit slip)																			
Account Number																			
Account Title																			
_	(Acc	count F	Iolder	's N	ame)				-										
Financial Institution Name																			

Bond Allotment Re	quest:	Fill out this portion to	start, st	top or chan	ge a bond. If	you w	ish to	change t	the amo	ount, o	wner,		
co-owner, or benefician \$100.00 face value are n						t a new	bond.	. (Note	: Bond	s less	than		
Purpose of request	:	Start Stop	tments Only)			7							
Bond Face Value A	mount	(circle one) \$100.00), \$200.0	0, \$500.00,	or \$1000.00	Serie	es:	60	EE"		" r "		
Frequency of Bond	Issuar	ce (check one)	N	Monthly	Bi- M	onthly		Tri-	Annual				
Owner's Name:						SSN							
Co-Owner's Name:						SSN	———						
Beneficiary Name:		SSN											
Note: Member may only se	elect Co-C	Owner OR Beneficiary per	r bond.										
			Table	of Rules									
Allotment Code	EFT	Type of Allotmer		Allotment Limitation	Required Period		y into ement	Notes					
B (Nondiscretionary)	No	Savings Bonds (E or	II) N	Vone	No	Yes		\$30,000 limit per year					
D (Discretionary)	Yes	Support of Depende	ents N	None	No	Yes		May not be started on self					
H (Discretionary)	Yes	Home Loan Repayme	ent C	One	No	Yes		Payment of mortgage on residence					
I (Discretionary)	Yes	Commercial Insurance	ce C	One	No	Yes		For payment of insurance premiums for member and family					
L (Nondiscretionary)	Yes	Mutual Assist/ Mora	ale N	None	Yes	Yes							
M (Discretionary)	Yes	Navy Mutual Aid Insurance	C	One	No	Yes		Member and Family o					
N (Discretionary)	No	USGLI/NSLI Insuran	ice C	One	No	Yes		Contact yeoman for the VA reason code					
O (Discretionary)	Yes	Other-AAFES	(One	No	Yes		AAFES-DPP Only					
S (Discretionary)	Yes	Savings/Checking Accounts	C	One	No	Yes		to finar lectror fers or	nic nly				
T (Nondiscretionary)	No	Indebtedness	N	None	Yes		Example: Defaulted VA loans						
X (Discretionary)	No	N	Vone	No	Yes		Blanket payee's only						
Privacy Act Statement: 522a(e)(3), the following when supplying personal	g inform	ation is provided to you		Member's S	ignature				Date	»:			
Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate the type of allotment member				For HRSIC Use Only									
requested. Routine Use(s) - Updating allotment				Action Completed:									
information. Disclosure - Disclosure is voluntary				Date:	· 	Initials:							